

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

137

Primary Registration District No.

3023

Registrar's No.

128-62-018767

STATE FILE NUMBER

FILED JUN 5 1962

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

Clinton

Length of stay in lb

years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTE

615 E. Jefferson

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Henry

c. CITY OR TOWN

Clinton

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

615 E. Jefferson

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

MYRTLE

Middle

OPAL

Last

ASHLEY

4. DATE OF DEATH

Month

Day

Year

May 29, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Widowed

8. DATE OF BIRTH

8/2/1900

9. AGE (last birthday)

61

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waitress

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

Henry Co., Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

U.S. Carleton

13b. MOTHER'S MAIDEN NAME

Carrie Bell Eberting

14. NAME OF HUSBAND OR WIFE

Virgil Ashley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SPECIAL CERTIFICATE

17. INFORMANT

Address

Virgil Ashley

Clinton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary Edema

INTERVAL BETWEEN ONSET AND DEATH

12 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial Insufficiency

24 hr

DUE TO (c)

Chronic Lymphocytic Leukemia

1958

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

20b. SUICIDE

20c. HOMICIDE

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from 1-15-60 to 5-29-62 and last saw her alive on 5-29-62

Death occurred at

7:45p

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Clinton L. Gentry

(Degree or title)

22b. ADDRESS

Clinton Mo

22c. DATE SIGNED

6-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 1, 1962

23c. NAME OF CEMETERY OR CREMATORY

Englewood

23d. LOCATION (City, town, or county)

Clinton, Mo.

23e. STATE

24. FUNERAL DIRECTOR

Consalus

24a. ADDRESS

Clinton, Mo.

24b. DATE RECD. BY LOCAL REG.

June 1, 1962

24c. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

10425

20425

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9204.0

10

11

1290-2

13 1-0

Dr. Glasspy.

JUN 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Eugene R. Counselor*

Licensed Embalmer No. 4680

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Permit Renewed 6-1-62 M.D. & R.